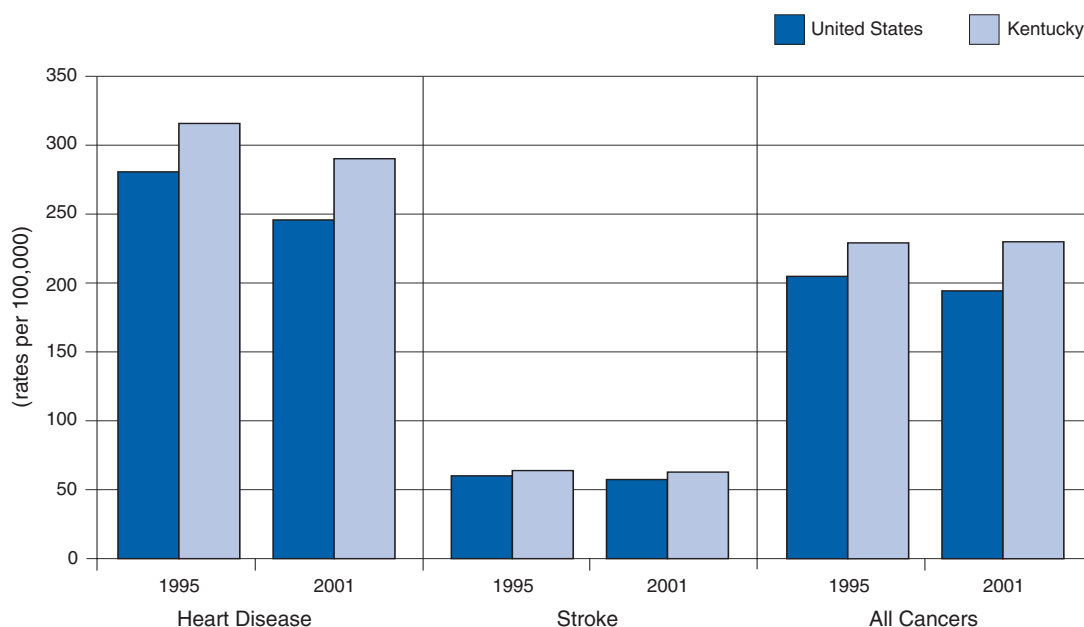


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Kentucky, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

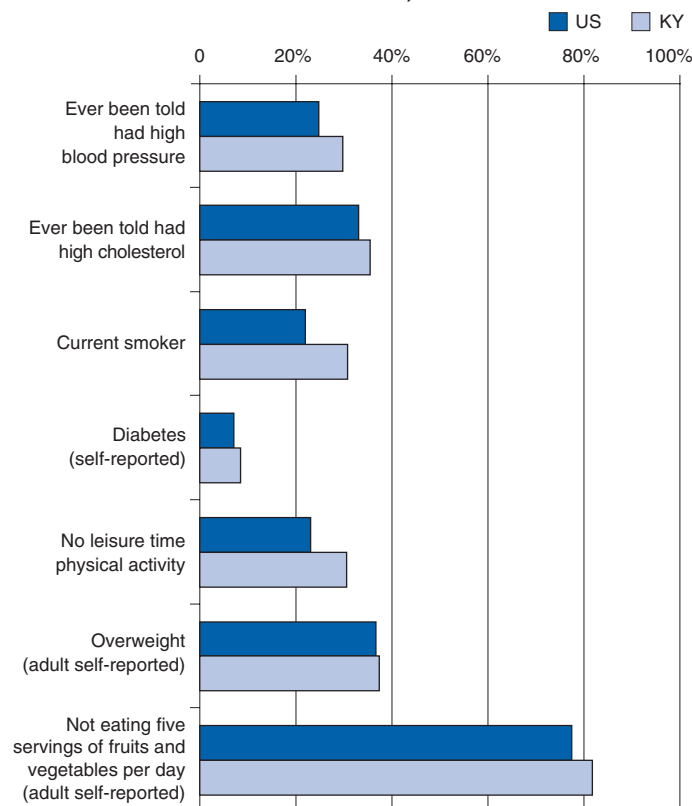
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Kentucky, accounting for 11,808 deaths or approximately 30% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,557 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 9,360 are expected in Kentucky. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 22,720 new cases that are likely to be diagnosed in Kentucky.

Estimated Cancer Deaths, 2004

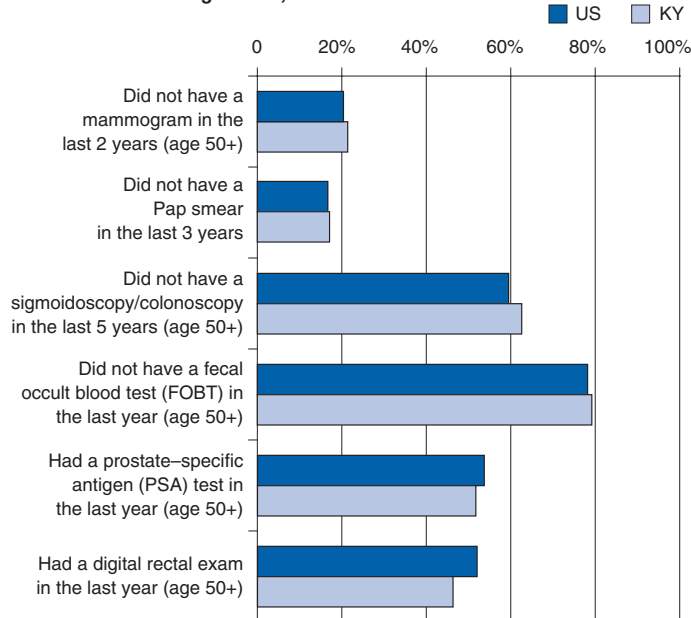
Cause of death	US	KY
All Cancers	563,700	9,360
Breast (female)	40,110	620
Colorectal	56,730	890
Lung and Bronchus	160,440	3,380
Prostate	29,900	340

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Kentucky's Chronic Disease Program Accomplishments

Examples of Kentucky's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decrease occurring among African American men (441.6 per 100,000 in 1990 versus 378.4 per 100,000 in 2000).
- A 27.9% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 49.3% in 1992 to 21.4% in 2002).
- A prevalence rate that was lower than the corresponding national rate for African American women older than age 18 who reported not having had a Pap smear in the last 3 years (4.7% in Kentucky versus 11% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Kentucky in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Kentucky, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Kentucky BRFSS</i>	\$182,296
National Program of Cancer Registries <i>Kentucky Cancer Registry</i>	\$619,972
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Get With the Guidelines</i>	\$415,000
Diabetes Control Program <i>Kentucky Diabetes Prevention and Control Program</i>	\$639,820
National Breast and Cervical Cancer Early Detection Program <i>Kentucky Women's Cancer Screening Project</i>	\$2,516,239
National Comprehensive Cancer Control Program <i>University of Kentucky Markey Cancer Control Program</i>	\$299,859
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Kentucky Tobacco Prevention and Control Program</i>	\$994,147
State Nutrition and Physical Activity/Obesity Prevention Program <i>Gentle Fitness</i> <i>Nutrition & Physical Activity Program</i>	\$413,847
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$6,081,180

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Kentucky that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

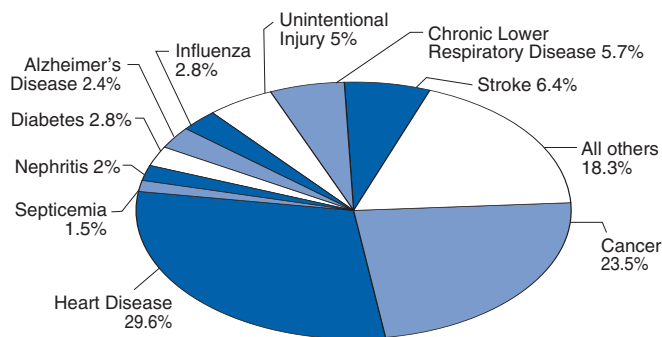
In Kentucky, cardiovascular disease (CVD) is the leading cause of death in every county. Seventy-three of Kentucky's 120 counties have CVD mortality rates above the national average, and 20 counties that exceed the national average by 25%. In 2000, the American Heart Association ranked Kentucky 48th in the nation for its age-adjusted CVD death rate. Nationwide death rates from CVD have declined significantly in the past 2 decades. From 1980 to 1985, Kentucky's CVD death rates declined by 2.2% per year, and from 1985 to 1990, they declined by 2.5% per year. However, from 1995 to 1997, this decline had slowed—during that period, the state's CVD deaths dropped by only 1.5% per year.

One of the most common and damaging myths about CVD is that it is primarily a "man's disease." In 2001, 6,085 women in Kentucky died from CVD compared with 5,723 men. Statewide, women comprise 53% of all CVD deaths. The risk of heart disease and stroke for women increases steadily with age, particularly after menopause, when protective estrogen levels are diminished.

Kentucky is using the *Healthy People 2010* program as an opportunity to reverse these trends in CVD death rates. The state has set relevant *Healthy People 2010* objectives such as reducing CVD deaths to no more than 200 deaths per 100,000 people. Kentucky also aims to reduce the prevalence of CVD risk factors and to increase awareness about CVD and its high death rate for women.

Text adapted from *Kentucky State of the Heart* (2000).

Major Causes of Death in Kentucky, 2001



Source: 2001 CDC Mortality Data

Disparities in Health

Cardiovascular disease, which includes heart disease and stroke, is the leading cause of death among women in the United States and in Kentucky. In 1999, CVD accounted for 32.4% of all female deaths in Kentucky; in that same year, women represented 53.6% of all CVD deaths in Kentucky. In Kentucky, women who die from CVD tend to be older than men who die from CVD; 44.6% of female CVD deaths were among women age 85 and older, versus only 21.2% of men age 85 and older.

Women who have heart attacks are more than twice as likely as men to die from them within the first year of the heart attack. In addition, in Kentucky, when compared with white women, African American women have a higher death rate for heart disease (606 per 100,000 for African American women versus 496 per 100,000 for white women) and for stroke (158 per 100,000 for African American women versus 127 per 100,000 for white women).

In Kentucky, the rates of women who died from heart disease (501 per 100,000) and stroke (128 per 100,000) are higher than the national rates for both diseases (438 per 100,000 for heart disease and 117 per 100,000 for stroke). Although both rates are declining, in 2000, Kentucky ranked as the 6th highest state in the nation for age-adjusted heart disease death rates among women.

Other Disparities

- **Diabetes:** African Americans are more likely than any other group in Kentucky to report that they have been told by a doctor that they have diabetes (14.2% for African Americans, compared with 8.3% for whites and 5.0% for Hispanics).
- **Overweight and Obesity:** In Kentucky, 67.1% of African Americans are either overweight or obese (34.1% are overweight and 33% are obese), compared with 63.1% of their white counterparts (37% are overweight and 25.6% are obese).
- **Prostate Cancer:** Rates of death from prostate cancer are higher for African American men than for white men (54.5 per 100,000 versus 31.8 per 100,000).
- **Cervical Cancer:** In 2002, African American women were more likely than white women to have had a Pap smear in the last 3 years (97.2% versus 89.1%); however, CDC mortality data from 1997 to 2001 indicate that African American women had a higher cervical cancer death rate than white women (6.3 per 100,000 versus 3.4 per 100,000).

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